

**Brian P. Kemp**  
Governor

**Candice L. Broce**  
Commissioner



**Georgia Department of Human Services**  
Aging Services | Child Support Services | Family & Children Services

**FINANCIAL INSTITUTION DATA MATCH  
REIMBURSEMENT REQUEST**

**Date:** \_\_\_\_\_

**Remit Payments To:** \_\_\_\_\_

**FEI#:** \_\_\_\_\_

**Address:**

\_\_\_\_\_  
\_\_\_\_\_

**Contact Person's Name, Email & Phone#:**

\_\_\_\_\_  
\_\_\_\_\_

Period for Reimbursement	Year	Reimbursement Amount	Approved for Payment
First Quarter July-September	20____	\$	
Second Quarter October-December	20____	\$	
Third Quarter January-March	20____	\$	
Fourth Quarter April-June	20____	\$	

**Total amount requested: \$** \_\_\_\_\_

**Send Invoice to:**

Department of Human Services  
Division of Child Support Services  
FIDM Coordinator  
2 Peachtree Street NW, 20th Floor  
Atlanta, GA 30303

Email: [DCSS.BusinessOperations@dhs.ga.gov](mailto:DCSS.BusinessOperations@dhs.ga.gov)